

ProPublica Grant Proposal

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The Public's Radio

Cries for help from a home in Warwick, R.I. pierced the 911-emergency phone line.

"He's turning purple!...What do I do?"

Barbara's six-month-old grandson, Alijah, was in his crib, napping while his father took a shower. Twenty minutes, maybe. But when his father came back to check on the baby, he was unresponsive. He scooped the baby into his arms and rushed downstairs to the grandmother. Now, Barbara kneeled over her grandson, who lay lifeless on the living room floor, and rubbed his little chest, pleading, "Come on, Alijah!"

"He's not breathing!" Barbara shouted to her daughter, who was on the line with the 911 operator.

The operator responded: "OK, he's not breathing. Are you sure he's not breathing?"

Barbara: "He's NOT breathing!"

The 911 operator stumbled over her instructions for almost four minutes. ("Is he on his back? Make sure he's on - make sure he's not on his back...") And more than once the operator talked over Barbara's daughter, in a chaotic back-and-forth that can be heard on a recording of the 911 call obtained by The Public's Radio.

The 911 operator never provided the basic life-saving instructions that should be used on anyone who falls unconscious and stops breathing: cardiopulmonary resuscitation, or CPR.

By the time the local emergency medical system (EMS) responders arrived at the house, it was too late.

If you're a cardiac arrest victim in Rhode Island, your chances of survival are well below the national average of 1 in 10, according to a study published in the May 2019 issue of the Rhode Island Medical Journal. That's compared with out-of-hospital cardiac survival rates as high as 5 in 10 in Rochester, Minnesota, and more than 6 in 10 in Kings County, Washington. The average survival rate for 23 other states which are members of the CARES registry -- created by the U.S. Centers for Disease Control & Prevention and Emory University to track performance of emergency responders -- is three in 10.

Rhode Island's response to emergencies is not the worst in the nation. But the country's smallest state is grappling with a deterioration in emergency services that is having tragic consequences, from big cities like Warwick to small towns like Cumberland.

DEATH IN THE STANDS

Rena Fleury, a 45-year-old divorced mother who loved to dance, was watching her son play football at Cumberland High School in August 2018 when, without warning, she collapsed.

An athletic trainer and former paramedic was also in the stands. So was a Cumberland police officer on duty, whose cruiser contained an AED machine, used to shock a heart back to life, according to Dr. Heather Rybassack-Smith, a Brown University-trained emergency medicine physician who was on duty that day.

Someone in the stands called 911. Based on the description of an untrained bystander, the 911 operator reported the emergency as "woman collapsed, possible seizure." (Shaking or gasping

Commented [1]: This proposal uses a strong anecdote to engage the reader and establish the problem. What this also shows is that the reporter has already done a generous amount of reporting. This is not just a concept or an idea, but rather a project proposal with concrete reporting behind it that shows the probability of a successful story is high.

Commented [2]: Provides clear context and cites the sources of the context. This shows us that Rhode Island stands out among other states as a problem. This also begins to tell us why this is a story worth pursuing

Commented [3]: This serves as essentially the nutgraph of the proposal.

Commented [4]: In this section, the proposal provides details of another possible angle of accountability and yet another strong example of the problem. And again this demonstrates command of the subject matter. Details like this prove that the reporter behind this proposal is ready to tackle the issue. This really helps to strengthen a proposal.

also are symptoms of cardiac arrest.) But no one started CPR, the protocol for anyone who has stopped breathing or is not breathing normally.

Nearly eight minutes passed before the Cumberland Fire Department's paramedics arrived, Rybassack-Smith said, and began CPR. It was the fire department dispatcher who joined the 911 call, she said, and referred to the emergency as a "code 99," for cardiac arrest. So she rushed to the scene.

But it was too late.

"Clearly if we over the radio knew it was cardiac arrest, the 911 operator should have recognized that," Rybassack-Smith said. "Nobody in the United States of America should die of cardiac arrest at a football game. And a 45-year-old....It's just mind blowing."

911 RECORDINGS SECRET

In Rhode Island, botched 911 calls rarely make the news. State law prohibits the release of 911 recordings without the permission of the person whose voice is on the call. The 1996 law was enacted after a local TV station aired a 911 call from the wife of a top prosecutor in the state attorney general's office saying that her husband was attacking her. Lawmakers lamented the "voyeurism" in the TV reports.

Then, in 2007, a wrongful death lawsuit was filed against the city of Pawtucket stemming from a 911 call. The tape, disclosed in court records, shows that it took three calls to 911 before the city's fire department dispatched an ambulance to the home of a diabetic woman whose dialysis port was leaking blood. The woman bled to death. A judge awarded the family more than a \$1 million settlement.

"Rhode Island, as a state, is dead last regarding correct medical 911 dispatch practices for its citizens, Dr. Jeffrey Clawson, medical director of the International Academies of Emergency Dispatch said during a recent interview. Clawson testified as an expert witness for the plaintiffs in the Pawtucket case. Since then, after reviewing the state's regulations and training requirements, he said, it appears "virtually nothing" has changed.

Rhode Island's average response times are generally within the national benchmarks, though during storms and other surges in call volume, 911 callers may be placed on hold -- in one case for nearly 2 ½ minutes, according to a limited review of call logs by The Providence Journal last March, during Statehouse hearings on the 911 fees. There has been no follow up.

The goal of this project is to document -- through shoe-leather reporting and public records requests -- the untold story about how Rhode Island's 911 system is failing the residents it was created to rescue. And, once and for all, to reveal the full extent of the need for change.

LRN Project: <https://www.propublica.org/series/a-911-emergency>

Commented [5]: Opportunities this proposal presented for engagement reporting-

Callout: Rhode Island, Have You Called 911? Do You Work in Emergency Response? Talk to Us.
"We want to hear from Rhode Islanders who've called 911 in a medical emergency and those who work in emergency medical response to uncover challenges facing the state's 911 system."

We distributed the callout in neighborhood listservs, community groups and worked with sources on requesting their own 911 records.

Commented [6]: This focuses on reporting goals but articulated the problem and questions so well, it gives us tons of room to imagine how we might collaborate and support.